DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27462

FILED SEP 12 1941
399

Registration District No. 399   Primary Registration District No. 1002   Registrar's No. 3120

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Mercy Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 hrs
In this community ___ (Specify whether)
years, months or days

2. (a) PRINT FULL NAME Kathryn Marie McMurphy

3. (b) If veteran, name war ___

3. (c) Social Security No. ___

4. Sex Fel   5. Color or race Wh   6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ___   6. (c) Age of husband or wife if alive ___ years

7. Birth date of deceased July 5 - 1940
(Month) (Day) (Year)

8. AGE: Years 1   Months 1   Days 13   If less than one day ___ hr. ___ min.

9. Birthplace Johnson Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business ___

FATHER {
12. Name Francis McMurphy
13. Birthplace Warrensburg Mo.
(City, town, or county) (State or foreign country)
}

MOTHER {
14. Maiden name Pauline Smith
15. Birthplace Warrensburg Mo.
(City, town, or county) (State or foreign country)
}

16. (a) Informant Francis McMurphy
(b) Address Pleasant Hill Mo.

17. (a) Missouri   (b) Date thereof Aug 19 1941
(Burial, cremation, or removal)   (Month) (Day) (Year)

(c) Place: burial or cremation Warrensburg Mo

18. (a) Signature of funeral director D. A. Nolan Sgt
(b) Address Pleasant Hill Mo

19. (a) 8/18/41   (b) M. M. Crow
(Date received local registrar)   (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri   (b) County Cass 019

(c) City or town R.F.D. Pleasant Hill
(If outside city or town limits, write "RURAL")

(d) Street No. ___
(If rural, give location)

(e) If foreign born, how long in U.S.A.? 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 18 year 41 hour ___ minute 10:4 M.

21. I hereby certify that I attended the deceased from ___ 191 to ___, 19 ___

that I last saw h ___ alive ___, 19 ___
and that death occurred on the date and hour stated above.

Immediate cause of death Acidosis

Due to Diabetes Mullitus

Due to ___

Other conditions ___ 61
(Include pregnancy within 3 months of death)

Major findings:
Of operations ___

Of autopsy ___

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ___

(b) Date of occurrence ___

(c) Where did injury occur? ___
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ___

While at work? ___
(Specify type of place)

(e) Means of injury ___

28. Signature ___ (M. D. or other) 3
Address ___ Date signed ___

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by...................................

....Registered Apprentice No.......................................

working under my personal supervision.

Signed...

2347   Licensed Embalmer No..........................

I. C. Mo P. O. Address.......................................

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.